

Explore Archery & Explore Bowhunting Training Registration Form

*Please send completed registration forms to Emily Griffin via e-mail Emily.Griffin@state.ma.us,
fax (508-389-7890), or mail: MA Division of Fisheries and Wildlife: Attn MassWildlife Archery Program
1 Rabbit Hill Rd, Westborough, MA 01581*

Date(s) of Training: ____/____/____

Training Location: _____

Workshop (check all that apply): ☐ Explore Archery ☐ Explore Bowhunting

Participant Contact Information:

First name: _____ Last name: _____

Email: _____

(Home) Street 1: _____

City: _____ State: _____ Zip: _____

Date of Birth: Month _____ Date _____ Year _____ Gender: ☐ Male ☐ Female

Cell phone: (_____) _____ Work phone: (_____) _____

Organization Information:

Organization (do not abbreviate): _____

Position at organization: _____

Organization Address: _____

City: _____ State: _____ Zip: _____

**All information will remain confidential. Your information will not be
shared, sold or traded.**

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